11	71 0 517 0000	NENT OF HEALTH—BALTIMORE,	18
1	CERTIFIC	ATE OF DEATH	Reg. Dist. 0.5033
	PLACE OF DEATH O. COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute o. STATE b. COUNTY	
YC)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearestatown)  A CON  MARCON  MARCO	c. CTY OR TOWN (If outside corporate limits, write	
X	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) GZYNET Middle	Coulbourge DEATH APP	onth   Day Year 1962
5.	6. COLOR OR BACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  APril 28, 1962  9. AGE. (la years last birthdoy)  yrs	
10	0a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign gountry)	12. CITIZEN OF WHAT COUNTRY
13	Jamett T. Coulbourne Sr.	Mary Ella Man	uet
	(Yes, no, or unknown)   (If yes, give war ar dates of service)		Parion Stay Mo
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	STRITION	30 MIN.
	1/2,5 DUE TO		6/2 MO.
	gave rise to immediate	TURITY	PREGNAN
	couse (o), stating the <u>under</u> .    lying couse lost.		
Z	7 (4)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPS'
O STORY	<del></del>		PERFORMED?
CERTIFIC	20- ACCIDENT WAS UNDERLYING TO 201 DESCRIPE HOW INTHINE OCCUPAN	ED. (Enter nature of injury in Port I or Port II of item 18.)	Tara Balana
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, cotory, street, office bldg., etc.)	(County) (State
	21. I certify that I attended the deceased from. 1/30	, 1962, to 4/20 , 18ce	that I lost saw the decease
	alive on 465 and that death	h occurred at P.M. from the couses o	
	SIGNATURE CAR Ban M. D.	ADDRESS (Street, city or town	, state) DATE SIGNI
	SIGNATURE CALL TANK, THE	M.D	
1	PHYSICIAN'S AND PARK 14 0		
	PHYSICIAN'S A.N. BARR, 17.D.		
722	NAME (Type)  120. BURIAL, CREMATION, 22b, DATE THEREOF  REMOVAL (Specify)	PREREMATORY 22d LOCATION (City, town,	or county) Or Soyn Co-, MI

Edwine to Tour panal of the Contract Male West and the second state of the Margan State 12 town of the medical security of the Manuel Marie The Comment of Manual of Senten Miles The said the said of the said of the 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) lay is necessary, al director. Page for your files. Board of Health, e. COUNTY b. COUNTY Somerset Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Minutea Crisfield Crisfield R. F. D. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Hopewell Section Burton Ave. YES NO 3. NAME OF Middle 4. DATE DECEASED HENRY VICTOR GAIDIS (Type or print) DEATH 19 62 April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. thin 24 hours after deal . Give Pages 1, 2, and 3 om PM3. Page 5 may File pages 1 and 2 with vent within 72 hours a lest birthdey) Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore. Md. Preprieter Tavern U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pauline Rodowskas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Yes World WarTT fransit permit and in any World WarII 215-03-0042 Mrs. Derethy Gaidis--Burton Ave. -- Crisfield, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil I Multiple burns and fractures sustained instant-IMMEDIATE CAUSE (e) due to crash of aircraft. aneous DUE TO Conditions, if eny, which (6) geve rise to immediate cause DUE TO (e), steting the underlying cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES X NO e 3 should I burial, crem 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Airplane crash 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day Year (County) (Slate) factory, street, office bldg., etc.) Not While 4:0 et work at work Farm Som. Md. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes Accident X Suicide Homicide | Undetermined manner shc. to forwards
shc. to forwards
FUNLRAL DIREC
its designated agen CHIEF MEDICAL EXAMINER I Rawley. ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER C. G. Rawley. M.D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) Buria (Specify) Apr. 27.1962 Baltimore National Cemetery 240 p - Baltimore, Md. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE /S. A15ME Bradshaw & Sons - Crisfield, Md. PB 3 0 '62 arthur & Kraue

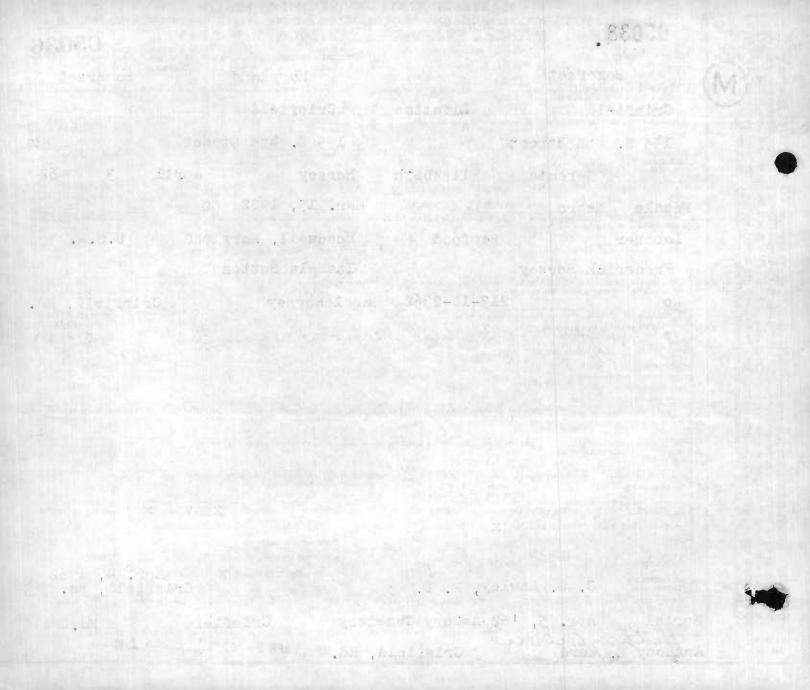
RYLAND STATE DEPARTMENT OF HEALTH

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EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution; Residence before ex a. COUNTY b. COUNTY Somerset Maryland Somerset MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Lifetime Crisfield Crisfield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 4th Street 4th Street YES NO TE 155 3. NAME OF DATE Year DECEASED OF (Type or print) DEATH 62 Elizabeth April Geremia Horsey 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months Devs Hours Mar. 1902 WIDOWED DIVORCED 60 Female Negro 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Seafood Hopewell, Maryland U.S.A. Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME any Isabela Sutton Frederick Horsey 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) No Mabel Horsey Crisfield 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART f. DEATH WAS CAUSED BY: Cerebral Howovehase IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the undarlying causa lest (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO [ 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 0 MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion death resulted from: Natural causes X. Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER I Raw ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE its 1962 DEPUTY MEDICAL EXAMINER 0 EXAMINER'S C. G. Rawley, M. D. NAME (Type) Address (Street, city, town, or county) Crisfield, Md. 22e. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 162 Asbury Cemetery Burial Crisfield 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A1SME arthur S. Kraus DATE APR 9 162 Crisfield, Md.

lay is necessary, al director. Page for your files. MEDICAL EXAMINER: This certificate should be executed within 24 hours after the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 and 11 and 12 and xecute the certificate, writing the word "pendin d be forwarded to the Chief Medical Examiner" n d be forwarded to the

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TO ESTAD OF ALLENDING PRINCIPAL STATE OF THE	Get A may be retained by the hospital or attending physician.	Z > TO FI ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	direct page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
	15	M	7/6	(4)	

	0503	9		CERTIFI	CATE	OF DEA.	TH		754	0.	503	7
1. PLACE	OF DEATH	THE RESIDENCE				SUAL RESIDE	NCE (Where de			Residen	ce before	edmissio
a. coon	0	OMER SE T		MARYL		STATE MAP	RYLAND	b. COUN	So	MER	SET	
b. CITY C	R TOWN (if	outside corporate limi	ts,	c. LENGTH OF STAY		CITY OR TOWN		orate limits, write	RURAL	nd give	nearest lov	vn) -
WITTE		RISFIELI	)	82 :	YRS	CB :	ISFIEL	ת				
d. NAME				spital, give street addres		. STREET ADDRES					e. 15 R	ESIDEN A FAR
EDW.	W. M	CCREADY	MEM	o. Hospis	PAT.	-					YES	
. NAME		First		Middle	44 400 ()	Lasi	4. DATE	Mont	1	Day	Yea	r
(Type or		$J_{UI}$	TA		H	WAR D	OF DEATH	APRII		17	19	62
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FEMA						, 25	1880	last birthday)	Months	Days	Hours	Min
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	/		4	int now	ALDEI	I HOWAF	RD,	CRISF	TELD	, 1	ARY	LAN
18. CA	USE OF D	ATH [Enter only one	cause per	line for (a), (b), and (c).	)						TERVAL BE	
1 7 P/	RT I, DEATH	WAS CAUSED BY:	N	lealy to.	mell					0.	nea	
O.	100	DUE TO										
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1	e to immedia	te cause				Tile						
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		SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERA	MINAL DISEASE	CONDITION GIV	/EN IN PA	RT 1(e)	19. WAS	AUTOP
PAI	ti iii Oliizk	ordinionin contr									PERF	ORMED
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OR CON	ATRIBUTING [	S UNDERLYING [	20b. DES	SCRIBE HOW INJURY O	CCURED. (Ente	nature of injury i	in Pert I or Pert II	of item 18.)				
	R, NOTIFY	MEDICAL EXAMINER)										
	ME OF INJUR	Y Month, Day, Ye	ar   20d. Whil		Oe. PLACE OF	INJURY (Home, fa set, office bldg., e	erm, 20f. (City	or town)	(C	ounty)		(State)
	lour a.m.	19		rk at work								
21.	ertify th	at (I) (this hospi	tal) atten	ided the deceased	from		19to.	4-17-	.62 1	9 1	that (I)	(we)
		ed alive on 4-	10	5219 an		11	44341					
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saw th	GNATURE	1.61		le 7	741.67.	2d. ADDRESS		J			T/ L	2/0
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22a. SI 22c. Ph		C. G. F.	RAWLI	EY. M.D.		~	RISFIE	LD. M.	AR Y L	AND		
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22a. SI 22c. Ph N. 23a. BURIAI REMOVA	HYSICIAN'S AME (Type)	DN, 236. DATE THE				CF	234. 100	ATION (CIV. 10	wn or cou	nty)	mi	itete)
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MARYLAND STATE DEPARTMENT OF HEALTH

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	AND
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funeral should	M)	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be a. COUNTY  b. COUNTY  b. COUNTY	fore admission)
by the and 2 death.		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neere	set_
by desi	,	write BURAL and give rearest town)	si iowiij
after	X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e.	IS RESIDENCE
within y filled s. Pages nours aft			ON A FARM?
olete pper 72 h		NAME OF First Middle Last 4. DATE Month Day OF A	Yeer
completely on papers.		(Type or print)  VESICY  JOHNSON  DEATH  HOY.  SEX  16. COLOR OR RACE IT MADDIES TO LIST DATE OF BIRTH  19. AGE IN years HE UNDER 1 YEAR HE U	1962
and carbo		Medical Never Mickelle   1 20 (10)   Months   Days Ho	UNDER 24 HRS.
ician a love co		a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIR HPLACE (County & State, or foreign country)   12. CITIZEN OF WI	HAT COUNTRY?
ratific Asicia MONON		Retired Laborer Md.	- 1
physics removed and any		FATHER'S NAME 14. MOTHER'S MAIDEN NAME	2.1.
ding ding pleas	T)	Unknown	
tten tten	0	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT os, no, or unkown) ((flyesgive were reales of service)	1 001
he a		- Vergie Cottman Focomote G	ty, I'd,
cian. Cian. by t			AND DEATH
hysined it pe		IMMEDIATE CAUSE (a) ODAY TORUMONIA	Sylucolue
sign programs	/	Conditions, if any, which (b)	
andir andir seen cren		gave rise to immediate cause	
atte nas l buu		(e), stating the underlying cause last. (c)	
ate ate	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. W	AS AUTOPSY PERFORMED?
Se a r to the training of training of the training of training of training of the training of trai		YES .	□ NO X
s cel		20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH	
at the safe feath		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
Afte by Hard		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)  Hour a.m. (County)	(Stete)
taint		p.m. 19 et work et work	400 4 0 0 1
D P P		21. I certify that (I) (this hospital) attended the deceased from TOD 44 1904 to APPL Av., 19.02 that saw the deceased alive on POPL 19.02 and that death occurred to APPL 19.02 and that death occurred to APPL 19.02 and the determinant of the date is	
State		saw the deceased alive on 19.62 and that death occured a 2.2 M, from the causes and on the date s	22b, DATE
B 3 D E C		Colon G. 1 Davido man M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
ERA ;	1	22c. PHYSICIAN'S Fldon 9. Marksman P. O. Box 368 Fincess Ann.	e ond
file File		BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY,   23d OCATION (City, town or county)	(Stete)
နှင့်မှီငိ	0	Burial 4-16-62 Tindky's Chapel Con Pocomoke City,	Md.
VR A1S (4)	al	FUNDRAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE	4-1-
15M 7/61	13	Edgar Wharton - new Church, Ja - DATE APR 18'62 arthur & thrus	

May and Sugar Pocomoke Cit 34011050 ROLL EX 201 Johnson Apr 12 62 Marie Nogo x 2 Aug. 201886 75 4.21 Kithout builtish Unknown Vergie Cottinan tocconcle Ct. Ma to verice the state of the stat The the level tindleys Charlen recomme the real

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

VR A15 (4) 1SM 9/59

urs ofter death. Page

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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a. COUNTY Somerset	MARYLAND	o. STATE Maryl:	b. C	OUNTY				
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Cristield	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  39 Crisfield						
d. NAME OF HOSPITAL (If nat in hospital, give street Cove Street	et address)	d. STREET ADDRESS	Street		e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF First DECEASED (Type or print) WELDON	Middle HOLLAND	MASSEY, SR.	4. DATE OF DEATH	Manth April	Day Year 4 19 62			
	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 17, 190	9. AGE (I last bir	11 1	1 YEAR IF UNDER 24 HRS. Days Haurs Min.			
10a. USUAL OCCUPATION (Give kind af wark dane 10 during mast af warking life, even if retired)	b. KIND OF BUSINESS OR INDU New & Used Cars	JSTRY 11. BIRTHPLACE (State			S.A.			
13. FATHER'S NAME  George H. Massey		14. MOTHER'S MAIDEN  Julia	Evans					
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		nformant s. Crystal Ma	sseyCove	Address StCris	field, Md.			
Canditians, if any, which gave rise to immediate cause (a), stating the under. lying cause last.  Part II. OTHER SIGNIFICANT CONDITION					T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
OR CONTRIBUTING CAUSE OF REATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature at injury in	। Part I ar Part II at ।teग	1 B.)				
Haur a.m. Whi		LACE OF INJURY (Hame, far actory, street, affice bldg., et		(C	Caunty) (State)			
21. I certify that (I) (this hapitet) after saw the deceased alive an april 220. SIGNATURE	nded the deceased fram.	death accurred	M. from the cau		2that (1) (w) last date stated above. 22b. DATE			
Yeorge 6.6 oru 22c. PHYSICIAN'S NAME (Type) George C. Con	albourn, M.D.	M.D. PHYS. 1	n Station,	Md.	SIGNED			
23a. BURIAL, CREMATION, PREMOVAL (Specify) Apr. 7,1962	St. Paul's C		23d. LOCATION (City Marion, Ma		(State)			
24. FUNERAL DIRECTOR'S SIGNATURE  Bradshaw & Sons	ADDRESS 3Crisfield, M		APR 1 2 '62	b. REGISTRAR'S SIG				

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05042 CERTIFICATE OF DEATH Reg. Dist. No. 05040 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed Somerset b. COUNTY MARYLAND Maryland Somerset b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å Rural Cristield life pin Rural Crisfield d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF Middle Lost 4. DATE Month Day Year Columbus Morgan DEATH (Type or print) April 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months white male Mar. 15, 1895 WIDOWED | DIVORCED T 67 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Bus Griver Maryla nd U.S. 13. FATHER'S NAME Columbus Morgan Cecide Swift 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Katie Morgan: RFD. Crisfield, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: our minn IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? natnutrition and Emaciation YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. \_\_\_. 19.5 3 . to 1962, that I last saw the deceased 21. I certify that I attended the deceased from.\_\_ and that death accurred at 2. M, from the causes and an the date, stated above. ADDRESS (Street, city or town, stote) 4/14/68 ATE SIGNED ACTUAL P PHYSICIAN'S CRISFIELD, MI V. BARR M.D. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) page the re Mariners Cemetery Crisfield, Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Criskfeld, Md. DATE APR 2 3 '62 VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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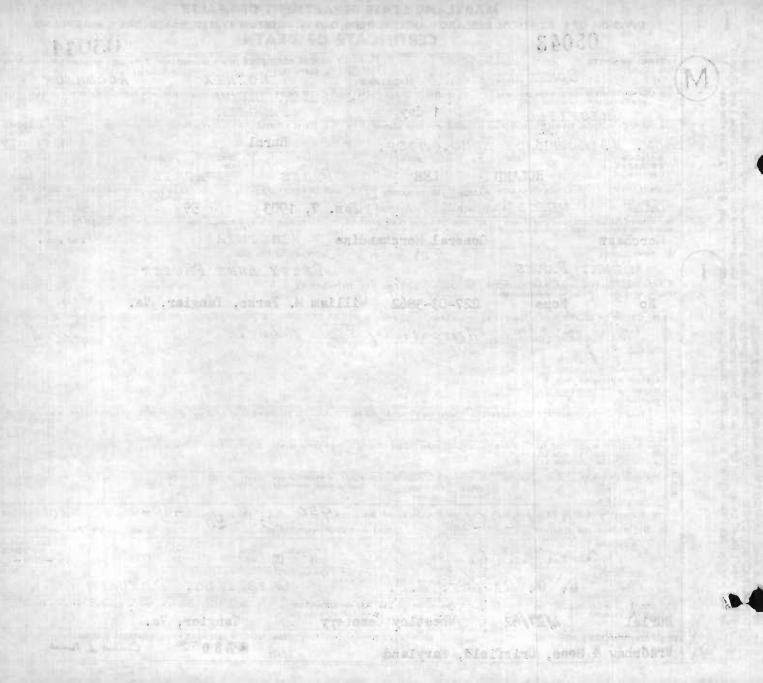
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be exertiviting 24 hours after 4 may be retained by the hospital or attending physician.

L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 hours after death. TO P. direct VR A15 (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05043 CERTIFICATE OF DEATH 05041

1	1. PLACE OF DEATH a. COUNTY SOMER SE T	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence a. STATE VIRGINIA b. COUNTY ACCOMA	/							
۱	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nee	The state of the s							
	write RURAL end give nearest town)	TANGIER 83	V.2							
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE							
	EDW. W. McCREADY MEMO. HOSP.	Danie 7	ON A FARM? YES NO							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day	Yeer							
	(Type or print) ROLAND LEE	PARKS DEATHAPRIL 23	19 62							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		UNDER 24 HRS.							
	1/4	an. 7, 1903 September 1903 Months Deys	Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Merchant  10b. KIND OF BUSINESS OR INDUSTR  General Merchandi	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF V  VIR GINIA  U. S								
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	HENRY PARKS	BETTY ANNE PRUITT								
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I [Yes, no, or unknown] (If yes give wer or detes of service)	NFORMANT Address								
	No None 227-03-3862 Wil	lliam M. Parks, Tangier, Va.								
8	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		VAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: Oronary Chrombos is 40 her									
ы	4-2 G   DUE TO									
r.	Conditions, if eny, which (b)									
	gave rise to immediate cause	gave rise to immediate cause								
	(e), stating the undarlying cause lest. (c)									
1		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.								
1	AN CONTRACTOR OF THE CONTRACTO	YES	PERFORMED?							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OF CONTRIBUTING CONTRIBUTING CONTRIBUTION	(Enter nature of injury in Part I or Part II of item 18.)								
		CE OF INJURY (Home, farm, † 20f. (City or town) (County)	(State)							
	Hour e.m. While Not While factor	pry, street, office bldg., etc.)	(3.2.4)							
	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 4-23-62 19	death occured at M, from the causes and on the date								
É	22e. SIGNATURE	deam occured al	22b. DATE							
	Coraculey. M.		4-24-62							
	PAME (Type) C. G. RAWLEY, M.D.	CRISFIELD, MARYLAND								
	23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMÉTERY C	DR CREMATORY   23d. LOCATION (City, town or county)	(Stele)							
1	Burial (Specify) 4/27/62 Wheatley Ceme	tery Tangier, Va.								
3	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUR								
)	Bradshaw & Sons, Crisfield, Maryland	DATE R 3 0 62 arthur S. Hu	MARK TO THE PARTY OF THE PARTY							



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) iny delay is necessary, a funeral director. Page stained for your files. State Board of Health, e. COUNTY b. COUNTY Somerset Somerset Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) Minutes Crisfield Crisfield F. D. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM Cove St. Hopewell Section YES NO 3. NAME OF Middle 4. DATE Month Dey to the DECEASED EDWIN COULBOURN STERLING (Type or print) DEATH 1962 April with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 3 may 2 with last birthdey) and Male thin 24 hours ahe.
Give Pages 1, 2, an PM3 Page 5 r WIDOWED DIVORCED T Sept. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Chris Craft Corp. Construction, Marine Crisfield, Md. U.S.A. 14. MOTHER'S MAIDEN NAME James T. Sterling, Sr. Lillian Armstead 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive werordetesofservice) e should be executed with fight. In pencil in Item 18 ar's Office along with fight as a burjal-transit permit. Mrs. Linda Laird Sterling-Crisfield, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Multiple burns and fractures sustained instant-IMMEDIATE CAUSE (e) due to crash of aircraft. Conditions, if eny, which (b) "pending" geve rise to immediate cause DUE TO IEDICAL EXAMINER: This certificate the certificate, writing the word "pendin rwarded to the Chief Medical Examiner' DIRECTOR: Page 3 should be used as (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? YES X NO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. burial, Airplane crash 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (Stete) fectory, street, office bldg., etc.) While Not While 4:00 et work et work (RFD) Crisfield. Som. Farm 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 🛣. Inquiry X, and in my opinion death resulted from: Natural causes Accident X. Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER Rawley m. W. ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED PUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S C. G. Rawley. M.D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial Apr. 26.1962 0 240 Sunnyridge Cemetery Crisfield, Md. 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Bradshaw & Sons-Crisfield, Md. 5M 7/59 Hilling L. Marie

MARYLAND STATE DEPARTMENT OF HEALTH

decision? h tellered to the second tellered Cove St. LECTION ON THE VEHICLE to the blatter of the court of Sand In State of the Control of the \$ \_\_\_\_\_ (C) And the to our event fractions and believed to be a fall that CONTRACTOR OF STREET Red Market State ( Torn, Torn, METHOD OF THE PARTY OF THE PART termination of the second sections of the second of the se No. of the last of . The Walleston - South Control of the State of the State